

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079609

FILED
Apr 29, 2004
Secretary of State

Entity Name: LDS QUALITY SERVICES, INC.

Current Principal Place of Business:

2315 MIDTOWN TERRACE
1422
ORLANDO, FL 32839

New Principal Place of Business:

5753 PORT CONCORD
ORLANDO, FL 32829

Current Mailing Address:

P.O. BOX 59331
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 11-3651066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, LAVON SR
2315 MIDTOWN TERRACE
1422
ORLANDO, FL 32839

Name and Address of New Registered Agent:

SHEFFIELD, LAVON SR
5753 PORT CONCORD
ORLANDO, FL 32829

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEFFIELD, LAVON SR
Address: 2315 MIDTOWN TERRACE APT 1422
City-St-Zip: ORLANDO, FL 32839

Title: S () Delete
Name: LEWIS, SHERRIE
Address: 832 CAMARGO WAY APT 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEFFIELD, LAVON SR
Address: 5753 PORT CONCORD
City-St-Zip: ORLANDO, FL 32829

Title: S (X) Change () Addition
Name: LEWIS, SHERRIE
Address: PO BOX 608582
City-St-Zip: ORLANDO, FL 32860

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVON SHEFFIELD, SR

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date